

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.h.</i>	<i>100</i>	<i>7/1/99</i>
O.I.P.E. CLASSIFIER	<i>J</i>	<i>71531</i>	<i>7/1/99</i>
FORMALITY REVIEW			<i>7.21.99</i> <i>8.27.99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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41	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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